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## TRAUMATIC CARDIOPULMONARY ARREST

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### PRIORITIES

CPR with advanced airway management using C-spine precautions  
Early intervention of life saving techniques  
Treatment of cardiac dysrhythmias  
Management of hypotension with IV fluids  
Early transport to closest appropriate hospital

### FIELD ASSESSMENT/TREATMENT INDICATORS

1. Absent/agonal respirations
2. Traumatic setting
3. Any cardiac rhythm without pulses
4. CPR required

### PARAMEDIC SUPPORT PRIOR TO BASE HOSPITAL CONTACT:

1. CPR with basic airway management with in-line cervical immobilization. Attempt when indicated advanced airway technique (to include needle thoracostomy and needle cricothyrotomy) as soon as possible with in-line cervical immobilization
2. Determine cardiac rhythm; defibrillate as needed per the Adult Cardiac Arrest protocol (Reference #6015)
3. Two (2) large bore IV/IOs of normal saline and begin fluid challenge per Adult and Pediatric Trauma protocol (Reference #8001). **Note: Second IV/IO should not delay transport**
4. Inflate anti-shock trousers for isolated blunt abdominal trauma and control any obvious external hemorrhage.
5. Begin transport to closest trauma center if ETA is <20 minutes, if >20 minutes, transport to closest appropriate hospital
6. Epinephrine (1:10,000) 1.0mg IVP/IOP or ET, if IV/IO unsuccessful for pulseless electrical activity (PEA)
7. Place splints, dressings and pressure on bleeding sites and injuries as needed
8. Update patient status and contact Trauma Center/Base Hospital for further orders
9. Naso/orogastric tube insertion once enroute

### BASE HOSPITAL MAY ORDER THE FOLLOWING:

- \*1. Establish additional IV/IO lines enroute
- \*2. Medication/Defibrillation per the Adult Cardiac Arrest protocol (Reference #6015)
- \*3. Perform advanced techniques as clinically indicated

*\*May be done during Radio Communication failure*

**NOTE: IO AND NEEDLE CRICOTHYROTOMY CAN ONLY BE UTILIZED BY EMT-P'S CERTIFIED AS TRAUMA MEDICS**